

Effective March 1, 2004

***Ryan White Title I Dental Formulary
FY 2004-05***

This is a comprehensive list of dental procedures that may be required by individuals with HIV Spectrum Disease. Please note that the Ryan White Title I Dental Formulary consists of two (2) sections: 1) a list of **basic (routine) dental services** providing essential care to prevent further complications and pain to eligible HIV+ clients and 2) a list of **specific (more advanced) dental services** provided to eligible HIV+ clients.

Part I - Basic (Routine) Dental Services

This basic list of dental services may be provided to clients who are HIV+ and have household incomes that do not exceed **300%** of the Federal Poverty Level.

<i>Medicaid / CDT-4 Code</i>	<i>Dental Procedure</i>	<i>October 2003 State of Florida Medicaid Dental Handbook Rates</i>
00001	Unspecified Procedures, By Report	*
00002	Duplication of X-Rays	*
00003	Preventative Periodontal Prophylaxis (Periodontal Prophylaxis)	*
D0140	Limited Oral Evaluation - Problem Focused	\$8.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$16.00
D0210	Intraoral - Complete Series (Including Bitewings)	\$32.00
D0220	Intraoral – Periapical, First Film	\$4.00
D0230	Intraoral – Periapical, Each Additional Film	\$3.00
D0240	Intraoral - Occlusal Film	\$8.00

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D0250	Extraoral - First Film	\$24.00
D0260	Extraoral - Each Additional Film	\$13.00
D0270	Bitewing - Single Film	\$6.00
D0272	Bitewings - Two Films	\$9.00
D0274	Bitewings - Four Films	\$11.00
D0330	Panoramic Film	\$30.00
D1110	Prophylaxis-Adult	*
D1120	Prophylaxis-Child	\$14.00
D1201	Topical Application of Fluoride (Including Prophylaxis)-Child	*
D1203	Topical Application of Fluoride (Prophylaxis Not Included) – Child	\$11.00
D1204	Topical Application of Fluoride (Prophylaxis Not Included)-Child	*
D1205	Topical Application of Fluoride (Including Prophylaxis)-Adult	*
D1330**	Oral Hygiene Instructions	\$6.00
D2140	Amalgam Restorations - One Surface, Primary or Permanent	\$31.00
D2150	Amalgam Restorations - Two Surfaces, Primary or Permanent	\$41.00
D2160	Amalgam Restorations - Three Surfaces, Primary or Permanent	\$51.00

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D2161	Amalgam Restorations - Four or More Surfaces, Primary or Permanent	\$61.00
D2330	Resin-Based Composite Restorations - One Surface, Anterior	\$34.00
D2331	Resin-Based Composite Restorations - Two Surfaces, Anterior	\$39.00
D2332	Resin-Based Composite Restorations - Three Surfaces, Anterior	\$44.00
D2335	Resin-Based Composite Restorations - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$72.00
D2391 ****	Resin-based composite restorations – One Surface, Posterior	\$31.00
D2392 ****	Resin-Based Composite Restorations – Two Surface, Posterior	\$41.00
D2393 ****	Resin-Based Composite Restorations-Three Surfaces, Posterior	\$51.00
D2394 ****	Resin-Based Composite Restorations-Four or More Surfaces, Posterior	*
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$68.00
D2940	Sedative Filling	\$18.00
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$2.00
D2954	Prefabricated Post and Core, In Addition to Crown	\$53.00
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	*
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of	\$50.00

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Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
	Medicament	
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	*
D3346	Retreatment of Previous Root Canal Therapy-Anterior	*
D3347	Retreatment of Previous Root Canal Therapy-Bicuspid	*
D3348	Retreatment of Previous Root Canal Therapy-Molar	*
D4240	Gingival Flap Procedure, Including Root Planning-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	*
D4241	Gingival Flap Procedure, Including Root Planning-One to Three Teeth, Per Quadrant	*
D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$20.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	*
D4910	Periodontal Maintenance	*
D5986	Fluoride Gel Carrier	*
D7111	Extractions, Coronal Remnants-Deciduous Teeth	\$27.00
D7140	Extractions, Erupted Tooth or Exposed Root-Elevation and/or Forceps Removal	\$27.00
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$40.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$27.00
D7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)	*
D7286	Biopsy of Oral Tissue-Soft (All Others)	*

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Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
D7310	Alveoloplasty in Conjunction with Extractions - Per Quadrant	\$45.00
D7410	Surgical Excision of Benign Lesion, Up to 1.25 Cm	*
D7440	Excision of Malignant Tumor-Lesion Diameter Up to 1.25 Cm	*
D7441	Excision of Malignant Tumor-Lesion Diameter Greater than 1.25 Cm	*
D7450	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter, Up to 1.25 Cm	*
D7451	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter, Greater than 1.25 Cm	*
D7460	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter, Up to 1.25 Cm	*
D7461	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter, Greater than 1.25 Cm	*
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	*
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$47.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$67.00
D7530	Removal of Foreign Body from Mucosa, Skin or Subcutaneous Alveolar Tissue	*
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	*
D7910	Suture of Recent Small Wounds-Up to 5 Cm	*
D7911	Complicated Suture-Up to 5 Cm	*
D7912	Complicated Suture-Greater than 5 Cm	*

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Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
D7970	Excision of Hyperplastic Tissue - Per Arch	\$84.00
D9210	Local Anesthesia not in Conjunction with Operative or Surgical Procedures	*
D9215	Local Anesthesia	*
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	\$57.00
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	\$23.00
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$28.00
D9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	\$50.00
D9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	\$20.00
D9910	Application of Desensitizing Medicaments	*
D9930	Treatment of Complications (Post-Surgical)-Unusual Circumstances, By Report	*
D9940	Occlusal Guard, By Report	*
11100	Biopsy of Skin, Subcutaneous Tissue and/or Mucous Membrane (Including Simple Closure), unless otherwise listed (Separate Procedure); Simple Lesion	\$43.42
20680	Removal of Implant; Deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$190.69
21031	Excision of Torus Mandibularis	\$142.70
21032	Excision of Maxillary Torus Palatinus	\$141.87

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<i>Medicaid / CDT-4 Code</i>	<i>Dental Procedure</i>	<i>October 2003 State of Florida Medicaid Dental Handbook Rates</i>
21040	Excision of Benign Cyst or Tumor of Mandible; By Enucleation and/or Curettage	\$162.86
21041	Excision of Benign Cyst or Tumor of Mandible; Complex	*
21320	Closed Treatment of Nasal Bone Fracture; With Stabilization	\$141.87
21356	Open Treatment of Depressed Zygomatic Arch Fracture (e.g., Gilles Approach)	\$160.78
21360	Open Treatment of Depressed Malar Fracture, Including Zygomatic Arch and Malar Tripod	\$261.94
21453	Closed Treatment of Mandibular Fracture; With Interdental Fixation	\$281.47
21454	Open Treatment of Mandibular Fracture; With External Fixation	\$265.68
21462	Open Treatment of Mandibular Fracture; With Interdental Fixation	\$439.34
21465	Open Treatment of Mandibular Condylar Fracture	\$428.34
40800	Drainage of Abscess, Cyst, Hematoma, Vestibule of Mouth; Simple	\$63.98

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Part II - Specific (More Advanced) Dental Services

This specific list of dental services may be provided to those clients who are HIV+ and have household incomes that do not exceed **300%** of the Federal Poverty Level.

Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
D1330**	Oral Hygiene Instructions	\$6.00
D1351	Sealant - Per Tooth	\$13.00
D2751	Crown-Porcelain Fused to Predominantly Base Metal	*
D2910	Recement Inlay	*
D2920	Recement Crown	\$17.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$68.00
D2932	Prefabricated Resin Crown	\$68.00
D2950	Core Buildup, Including Any Pins	\$65.00
D2952	Cast Post and Core, In Addition to Crown	*
D2954	Prefabricated Post and Core, In Addition to Crown	\$53.00
D2970	Temporary Crown (Fractured Tooth)	\$42.00
D3310	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care), <u>ANTERIOR</u> (Excluding Final Restoration)	\$148.00
D3320	Endodontic Therapy (Including Treatment Plan, Clinical	\$190.00

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Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
	Procedures and Follow-up Care), <u>BICUSPID</u> (Excluding Final Restoration)	
D3330	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care), <u>MOLAR</u> (Excluding Final Restoration)	\$235.00
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	*
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$105.00
D4211	Gingivectomy or Gingivoplasty – One to Three Teeth, Per Quadrant	\$45.00
D4260	Osseous Surgery (Including Flap Entry and Closure) – Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$114.00
D4320	Provisional Splinting-Intracoronaral	*
D4321	Provisional Splinting-Extracoronaral	*
D4341	Periodontal Scaling and Root Planing, Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$20.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	*
D4910	Periodontal Maintenance	*
D5110** *	Complete Denture - Maxillary	\$310.00
D5120** *	Complete Denture - Mandibular	\$310.00
D5211** *	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$165.00
D5212**	Mandibular Partial Denture - Resin Base (Including Any	\$165.00

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Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
*	Conventional Clasps, Rests, and Teeth)	
D5213** *	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests, and Teeth)	\$315.00
D5214** *	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests, and Teeth)	\$315.00
D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps and Teeth)	*
D5410	Adjust Complete Denture - Maxillary	\$14.00
D5411	Adjust Complete Denture - Mandibular	\$14.00
D5421	Adjust Partial Denture - Maxillary	\$14.00
D5422	Adjust Partial Denture - Mandibular	\$14.00
D5510	Repair Broken Complete Denture Base	\$44.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$39.00
D5610	Repair Resin Denture Base	\$44.00
D5620	Repair Cast Framework	\$47.00
D5630	Repair or Replace Broken Clasp	\$56.00
D5640	Replace Broken Teeth - Per Tooth	\$39.00
D5650	Add Tooth to Existing Partial Denture	\$42.00

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Medicaid / CDT-4 Code	Dental Procedure	October 2003 State of Florida Medicaid Dental Handbook Rates
D5660	Add Clasp to Existing Partial Denture	\$52.00
D5710	Rebase Complete Maxillary Denture	*
D5711	Rebase Complete Mandibular Denture	*
D5720	Rebase Maxillary Partial Denture	*
D5721	Rebase Mandibular Partial Denture	*
D5730	Reline Complete Maxillary Denture (Chairside)	\$63.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$63.00
D5740	Reline Maxillary Partial Denture (Chairside)	\$63.00
D5741	Reline Mandibular Partial Denture (Chairside)	\$63.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$113.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$113.00
D5760	Reline Maxillary Partial Denture (Laboratory)	\$113.00
D5761	Reline Mandibular Partial Denture (Laboratory)	\$113.00
D5850	Tissue Conditioning, Maxillary	*
D5851	Tissue Conditioning, Mandibular	*

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D5862	Precision Attachment, by Report	*
D5899	Unspecified Removable Prosthodontic Procedure, by Report	*
D6241	Pontic-Porcelain Fused to Predominantly Base Metal	*
D6251	Pontic-Resin with Predominantly Base Metal	*
D6545	Retainer-Case Metal for Resin Bonded Fixed Prosthesis	*
D6930	Recement Fixed Partial Denture	*
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$40.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$62.00
D7230	Removal of Impacted Tooth - Partially Bony	\$77.00
D7240	Removal of Impacted Tooth - Completely Bony	\$79.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$82.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$54.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$27.00
D7320	Alveoloplasty Not in Conjunction with Extractions - Per Quadrant	\$56.00
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Practitioner Providing Treatment)	\$18.00

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D9940	Occlusal Guard, By Report	*
D9951	Occlusal Adjustment-Limited	*

ADDITIONAL NOTATIONS:

* This procedure is not found in the October 2003 State of Florida Medicaid Coverage and Limitations Handbook for dental services. Therefore, dental providers must submit their cost for the provision of this procedure/service and a detailed justification of the cost to the Title I program. It is important to note that the service provider's approved multiplier rate may not be applied to this procedure. Reimbursement for this procedure will be based on the provider's approved flat rate.

** This procedure may be provided a maximum of twice per year (once every six months).

*** These procedures may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.

**** These procedures may not be used solely for cosmetic purposes.

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